



## NEW & TRANSFER PLAYER REGISTRATION FORM - AMATEUR PLAYER 2019

Type of Registration (Please Tick) **New**  **Transfer**

SAFA CAPE TOWN REGISTRATION NUMBER ISSUED (Regional Use)

Note: this form must be accompanied by a COPY of the members Computerised Birth Certificate for 16 and younger

Note: this form must be accompanied by a COPY of the members Green Coded RSA Id or Smart Card for 18 and older

Player Type (Please Tick) **Football**  **Futsal**  **Beach Soccer**

Members Type (Please Tick) **Youth**  **Senior**  **Player**  **Referee**  **Official**

Members ID number

Members Surname

Members First Name

Nationality **South African**  **Foreigner**  (Submit the applicable official documentation from Department of Home Affairs or from the Country of Origin)

Gender **Male**  **Female**  **Disabled** **Yes**  **No**

Club Name

**Previous Club if Applicable**  **Clearance Attached (Please tick)**

LFA Name

**Previous LFA if Applicable**  **Clearance Counter Signed (Please tick)**

LFA Reg Officer Signature  **By signing this form, the LFA official confirms that the information herein is true & correct**

Date:  /  / 2019

### FOR REGIONAL USE ONLY

#### SAFA CT REG OFFICER REJECTION COMMENTS/REASON

Player registered with another club obtain clearance and/ or counter clearance from the LFA

Club & LFA

Date Last Registered

Provide Updated Photo

Other

Player Registration Card (Paste no staples)

**Lost Card, provide letter from club (Please Tick if attached)**

Id Size Photo (Paste no staples)